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P.2/3

PART B - FEE(S) TRANSMITTAL

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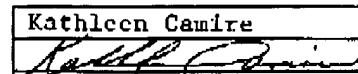
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22852 7590 03/07/2006
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Kathleen Camire	(Depositor's name)
	(Signature)
April 10, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/077,418	02/15/2002	Jelilrey Browning	A080 US CP	3507

TITLE OF INVENTION: METHODS OF TREATMENT BY ADMINISTERING AN ANTI-BCMA ANTIBODY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/07/2006

EXAMINER	ART UNIT	CLASS SUBCLASS
RUNNER, BRIDGET E	1647	424-133100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1) Finnegan, Henderson, Farabow, Garrett & Dunner, LLP
2) Konstantin M. Linnik

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Biogen Idec MA Inc.

Apoxis SA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, MA

Epalinges, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0916 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature K. Linnik

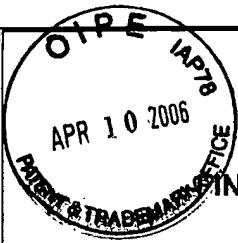
Date April 10, 2006

Typed or printed name Konstantin M. Linnik

Registration No. 56,309

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To: **Mail Stop ISSUE FEE**
Firm: **U.S. Patent and Trademark Office**
Fax No.: **571.273.2885** Phone No.: **_____**
Application No. **10/077,438**
Confirmation No. **3507**
Subject: **Atty. Doc. 08201.0027-01000** Date: **April 10, 2006**

From: Konstantin M. Linnik, Esq. Phone No.: 617-452-1626
Fax # Verified by: K. Camire No. of Pages (incl. this page) 3

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